Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

COMMUNICABLE DISEASES CERTIFICATION FORM

Information Required by DHFS 145

I hereby certify that I am familiar with the State of Wisconsin health laws and rules of the Department of Health as related to communicable diseases.

Type of Credential (please print)

Application ID Number (please print)

Print Name of Applicant

Signature of Applicant

__/__/____
Date